

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/647019

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		I				
4		I				
5						
6		I				
7		I				
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9		I				
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42		I				
43	I					
44		I				
45		I				
46	I					
47	I					
48		I				
49						
50		I				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*	
51		I			
52	I				
53	I				
54	I				
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56					
57	I				
58	:				
59		I			
60		I			
61		I			
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98					
99					
100					
TOTAL IND.		18			
TOTAL DEP.		47			
TOTAL CLAIMS		65			